



# Troy Strawberry Festival

## Bed Races

### Friday, June 4, 2004

#### Rules and Guidelines



1. Bed must resemble a household bed and measure no less than 3'x6' and no more than 6'x8', width x length.
2. Bed must have four (4) functional wheels and all wheels must be in contact with the road surface at all times.
3. Teams shall consist of: one (1) rider, four (4) pushers and (1) alternate. **Team members must be at least 18 years of age.**
4. The bed rider must be appropriately dressed in bed clothing.
5. The course will consist of one (1) trip around the public square. There will be a test of the team's agility as well as the race against the clock.
6. The race will be run in heats of two (2) beds each. Teams will draw their heat number at check-in time. Advancing teams will be determined by the fastest times.
7. Check in for teams and beds will be held between 5:45 pm and 6:30 pm the evening of the bed race. The check in area will be located in front of B-K Photo. Beds will be staged on S. Market St., just south of Franklin St.. Teams not checked in by 6:30 pm will not compete.
8. Races will begin at 7:00 pm and be run by Division; Men only, Women only, Open and Masters age 40+. Age verification may be required.
9. Awards will be given to first and second place finishers in each Division. There will also be recognition for the best decorated bed utilizing the 2004 Troy Strawberry Festival theme "Heavenly Strawberries." A commemorative gift will be awarded to each participating team member immediately following the race.
10. A bed may be entered in more than one Division, but a team or a team member may only participate in one Division event.
11. Deadline for receipt of the application is Friday, May 20, 2004.
12. The application and waiver must be completed and returned with the \$35.00 application fee. (The application fee covers the cost of gifts awarded to participants.)

Sponsored by:



## 2004 Troy Strawberry Festival Bed Race Application and Waiver

I/We hereby waive and release any and all claims for damage I/We may have against the sponsors and officials of the Troy Strawberry Festival, Inc. Troy Area Chamber of Commerce, the City of Troy. Bed Races to be held on Friday, June 4, 2004 and for any and all injuries suffered by me/us in said event. I/We attest and verify that I/We am/are physically fit and have completed sufficient training for this event.

### PLEASE PRINT

Team Captain \_\_\_\_\_ Sponsor (if any) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State / Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Division: [ ] Men Only [ ] Women Only [ ] Open [ ] Masters

### Participants Names and Signatures

1. Print Name _____	Signature _____
	Date _____
2. Print Name _____	Signature _____
	Date _____
3. Print Name _____	Signature _____
	Date _____
4. Print Name _____	Signature _____
	Date _____
5. Alternate Name _____	Signature _____

Please return completed application and waiver  
with \$35 registration fee, check made payable to:  
Troy Strawberry Festival, Inc. 405 SW Public Sq.,  
Suite 330, Troy, OH 45373. Phone 339-7714

Check ☐



Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_